

<b>Case Number:</b>	CM15-0077347		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year old female, who sustained an industrial injury on September 5, 2013. The injured worker complains of right elbow pain over the lateral epicondyles more than the medial side. She also complains of right hand numbness, left hand numbness and right neck pain. The surgical request pertains to right medial and lateral epicondyles debridement with partial epicondylectomy. The diagnosis is right medial and lateral epicondylitis, cervical radiculitis, neuralgia, and right cubital tunnel syndrome. The request for preoperative medical clearance was noncertified by utilization review as there were no documented comorbidities. Alternate guidelines were cited. This is now appealed to an independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Pre-op medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative testing, general, Office visits.

**Decision rationale:** ODG guidelines indicate an alternative to routine preoperative testing for the purposes of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination with selective testing based on the clinicians findings. Office visits to the offices of medical providers are encouraged if there is a reason for such a visit. After performance of a careful history and physical examination, if there are comorbidities found, the consultation for preoperative clearance would be appropriate. However, in the absence of such documented comorbidities, a consultation for preoperative clearance is not medically necessary. The documentation provided does not indicate the presence of comorbidities. The surgical procedure is not classified as a high risk surgery and therefore routine preoperative clearance is not supported and the medical necessity of the request has not been substantiated.